UNITED STATES DISTRICT COURT WESTERN DISTRICT OF TEXAS DIVISION

(Nam	ne of plaintiff or pl	aintiffs)	Civil Action Number:	
v.				
			(Case Number to be supplied by the Intake Clerk)	
(Nam	ne of defendant or	defendants)		
		MOTION FOR APPOI	NTMENT OF COUNSEL	
reque	ests appointment of the following:	Plaintiff in t f counsel as provided by in 42 U	he above-styled and numbered matter, and respectfully S.C. §2000e-5(f)(1). In support thereof, Plaintiff will	
	I. That Pla	intiff has made a diligent effort	to employ counsel.	
[]	CONTACTED PRIVATE ATTORNEYS. (List all attorneys who specialize in labor law, employment discrimination or civil rights complaints you contacted and state why each would not represent you.)			
[]		LEGAL AID ASSOCIATION. s association was contacted and	(Texas RioGrande Legal Aid Inc.: (800) 988-9996 why it could not assist you.)	

[]	CONTACTED LOCAL LAWYER REFERRAL SERVICE. (San Antonio Bar Association Lawyer Referral Service: (210) 227-1853). (List the lawyers to whom you were referred, the attorneys you contacted, and why they could not assist you.)		
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		II. Please state your level of education:		
[]	Did not graduate from high school. (Specify highest grade completed)		
[]	G.E.D. (Date acquired)		
[]	High School Graduate. (Year graduated)		
[]	Some College. (Specify field of study)		
[]	College Graduate. (Specify field of study)		
[Graduate Level Education (Specify level and field of study)			
		III. Please state your employment for the last five years beginning with your most current employment:		
Εı	mplo	ver:		
		yer:		
Po	ositic	on:		
D	ates	of Employment:		
Eı	mplo	yer:		
Sa	alary	/Wages per Month:		
P	OSITIC	on:		
D	ates	of Employment:		
Eı	mplo	yer:		
Sa	alary	/Wages per Month:		
P	OS1t10	on:		
D	ates	of Employment:		
Sa	alarv	yer:/Wages per Month:		
Po	051t10	on:		
D	ates	of Employment:		

Employer:	
Salary/Wage	es per Month:
Position:	1
Dates of Em	ployment:
IV.	Plaintiff is financially unable to hire counsel for the reasons stated in the attached Application to Proceed In Forma Pauperis. (Please complete the attached Application to Proceed In Forma Pauperis)
	I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.
	Date
	Signature of Plaintiff